MARYLAND STATE DEPARTMENT OF HEALTH

04870

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH — COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ferndale — LENGTH OF STAY (In this place): 8 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cromwell's Farm

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ferndale
STREET ADDRESS (If rural, give location): Cromwell's Farm

3. NAME OF DECEASED (Type or Print): (First) E W (Middle) (Last) ADAMS

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: negro | 7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: unknown | 9. AGE last birthday: about 65 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allen Adams | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Carrie Adams. Glen Burnie P.O. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Sudden

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Sclerosis — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Laffy M.D., Deputy Medical Examiner Annapolis. Md 5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

May 23/52 | Brewer Hill | Annapolis Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

May 23, 1952 | L. De Alba | J. B. Johnson | Annapolis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 27 1952
BUREAU V. S.

Item 21 Film G142 5-15-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04871

CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS-A16

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Geo. G. Meade, Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Colorado; COUNTY Denver; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denver; STREET ADDRESS (If rural, give location) 4955 Pearl St.

3. NAME OF DECEASED (Type or Print): (First) Robert; (Middle) Edward; (Last) Ambrosich

4. DATE OF DEATH: (Month) May; (Day) 2; (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10 Feb 1930

9. AGE last birthday: 22 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army

11. BIRTHPLACE (State or foreign country): Colorado

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Joe Ambrosich

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 5 Feb 51 to present

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Service Records, 313th Sig Opn Bn. Ft. Geo. G. Meade, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple injuries — Interval Between Onset and Death: 65 Min.

823.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street

(CITY OR TOWN): Glen Burnie (COUNTY): Anne Arundel (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: May 2, 1952 1210 am

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? veered off left shoulder, Automobile accident.-hit small embankment. (5-15-52 ams)

22. I hereby certify that I attended the deceased from 2 May, 19 52, to 2 May, 19 52, that I last saw the deceased alive on 2 May, 19 52 and that death occurred at 0115 a m., from the causes and on the date stated above.

SIGNATURE: Francis M. Fitts — (Degree or title): FRANCIS M. FITTS, Colonel, M.C. — ADDRESS: Ft Meade Army Hosp — DATE SIGNED: 2 May 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 2 May 52 — NAME OF CEMETERY OR CREMATORY: Boulevard Mortuary — LOCATION (City, town, or county) (State): Denver, Col.

DATE REC'D BY LOCAL REG.: 2 May 52 — REGISTRAR'S SIGNATURE: Arthur J. Combosh — ARTHUR J. COMBOSH, Capt. MSC

24. FUNERAL DIRECTOR: Earl Wolverton, Inc. — ADDRESS: Baltimore, Md.

RECEIVED
MAY 6 1952
BUREAU V. S.

04873

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) (Last) Barnes
4. DATE OF DEATH (Month) 5 (Day) 7 (Year) 1952
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Unknown
9. AGE last birthday 42? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - - -
10b. KIND OF BUSINESS OR INDUSTRY - - - - -
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. - - - -
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

587.0

Immediate cause (a) Acute Hemorrhage Pancreatitis — Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease — Known to us since 5/5/47

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Mental Deficiency — Known to us since 5/5/47

19a. DATE OF OPERATION - - -
19b. MAJOR FINDINGS OF OPERATION - - - - - - - - - - - - -
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - (CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - - m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from May 5, 1947, to May 7, 1952, that I last saw the deceased alive on May 7, 1952, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

SIGNATURE Jacob Morgenstern M.D. (Degree or title) ADDRESS Crownsville, Maryland DATE SIGNED 5/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/10/52
NAME OF CEMETERY OR CREMATORY Crownsville State Hospital
LOCATION (City, town, or county) Crownsville Md (State)
DATE REC'D BY LOCAL REG. 5-9-52
REGISTRAR'S SIGNATURE K. M. Joyce
24. FUNERAL DIRECTOR Jacob Morgenstern M.D. ADDRESS Crownsville Md

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 13 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6674

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Birdsville
STREET ADDRESS (If rural, give location): Harwood Post Office

3. NAME OF DECEASED: (First) E. (Middle) WILTON (Last) BASSFORD

4. DATE OF DEATH: (Month) May (Day) 12, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 12-26-1875

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco

11. BIRTHPLACE (State or foreign country): Davidsonville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles C. Bassford

14. MOTHER'S MAIDEN NAME: Laura Talbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs Elizabeth White Bassford same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) arteriosclerotic vascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1952, to May 12, 1952, that I last saw the deceased alive on May 12, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE: Emily H. Wilson, M.D. (DEGREE OR TITLE) ADDRESS: Lothian, Md. DATE SIGNED: 5-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-15-52 — NAME OF CEMETERY OR CREMATORY: All Hallows Cemetery — LOCATION (City, town, or county) (State): Birdsville, Maryland

DATE REC'D BY LOCAL REG.: May 15, 1952

REGISTRAR'S SIGNATURE: M. D. French

24. FUNERAL DIRECTOR: B.L. Hopping and Son — ADDRESS: Annapolis, Md.

RECEIVED
MAY 16 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Heights (Balto. 25) LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 226 Townsend Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Heights (Balto. 25)
STREET ADDRESS (If rural, give location) 226 Townsend Ave.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) J. (Last) Bechtel

4. DATE OF DEATH (Month) May (Day) 1, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH Jan. 31, 1952

9. AGE last birthday ____ yrs. If under 1 year Months 3 Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) None - Infant

10b. KIND OF BUSINESS OR INDUSTRY ____

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John H. Bechtel

14. MOTHER'S MAIDEN NAME Alice L. Wroten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ____

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS John H. Bechtel (Father) Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) meningitis

751X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Spina fifida

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952, to April 30 1952, that I last saw the deceased alive on 4/25, 1952, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Rubin M.D. ADDRESS 203 Intapsco Ave. DATE SIGNED Balto. Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sat. May 3, 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) A.A. Co., Md.

DATE REC'D BY LOCAL REG. 5/2/52

REGISTRAR'S SIGNATURE H.W. Hedrick

24. FUNERAL DIRECTOR A. Howard Evans ADDRESS 1400 S. Charles St. Balto. 30, Md.

201 2282407

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Items 13, 14 Fil.G142 5/12/52 whw

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY A A Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural, give location) Water Oak Point

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) C (Last) Bell
4. DATE OF DEATH (Month) May (Day) 4 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Oct 21 1855
9. AGE last birthday 96 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Sauer
14. MOTHER'S MAIDEN NAME Catherine Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS John F Sauer Water Oak Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Degenerative Cardio Vascular Disease	10 years
4. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic Cardio Vascular Disease	10 years
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to May, 1952, that I last saw the deceased alive on 5/4, 1952, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

SIGNATURE J. Brady Smith (Degree or title) M.H. ADDRESS Riviera Beach, Md. DATE SIGNED 5/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 7/52
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. 5/7/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Ullah Fred Homer ADDRESS 2008 Oakes

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 16 Ospa View Avenue

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (N) (Last) Bernstein

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify):

8. DATE OF BIRTH: Dec. 31, 1879

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Confectionery

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles S. Bernstein - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Left Hemiplegia

X (c) Arteriosclerosis

Interval Between Onset and Death: (a) 10 days; (b) Several Years; (c) Several Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Several Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1952, to 5-2, 1952, that I last saw the deceased alive on 5-2, 1952, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE: George C Boyd (Degree or title) M.D ADDRESS: Annapolis Md DATE SIGNED: 5-3-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF: 5-5-52 | NAME OF CEMETERY OR CREMATORY: St. Mary's | LOCATION (City, town, or county): Annapolis (State): Md.

DATE REC'D BY LOCAL REG.: May 4, 1952 | REGISTRAR'S SIGNATURE: W. [illegible] French | 24. FUNERAL DIRECTOR: John B. Taylor & Son - Annapolis, Md. ADDRESS

RECEIVED
MAY 6 1952
BUREAU U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 2 yrs. 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Noah (Middle) Bernard (Last) Berry
4. DATE OF DEATH (Month) 5 (Day) 28 (Year) 1952
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH 8/22/98
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Moses Berry
14. MOTHER'S MAIDEN NAME Rachel Dobson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — — — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Myocardial disease	March 1952
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Generalized arteriosclerosis	March 1950
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — — —
19b. MAJOR FINDINGS OF OPERATION — — — — —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — —
(CITY OR TOWN) — — — — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? — — — — —

22. I hereby certify that I attended the deceased from 3/21/, 1950, to 5/28/, 1952, that I last saw the deceased alive on 5/28/, 1952, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

SIGNATURE Jacob Morgenstern M.D. (Degree or title) ADDRESS Crownsville, Maryland DATE SIGNED 5/28/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 6/6/52 NAME OF CEMETERY OR CREMATORY Crownsville State Hospital LOCATION (City, town, or county) Crownsville (State) Md.

DATE REC'D BY LOCAL REG. June 4 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Jacob Morgenstern M.D. ADDRESS Crownsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUN 6 19
BUREAU N. S.

79

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn — LENGTH OF STAY (in this place) 16 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Road	STREET ADDRESS (If rural, give location) Old Annapolis Road

3. NAME OF DECEASED (Type or Print)	(First) Goldie	(Middle) Naomi	(Last) Bowen	4. DATE OF DEATH	(Month) May	(Day) 12,	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1910	9. AGE last birthday 41 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser	10b. KIND OF BUSINESS OR INDUSTRY Sport Shirt Mfg.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U S A				
13. FATHER'S NAME John Wentz	14. MOTHER'S MAIDEN NAME Rachael Humbert						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-22-4341	17. INFORMANT AND ADDRESS William M. Bowen Severn, Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema;

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac insufficiency, left;

(c) Aortic insufficiency.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to January, 1952, that I last saw the deceased alive on Jan. 31, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE Igino Grossi M.D. (Degree or title) ADDRESS 201 N.W. Baltimore & Annapolis Blvd. Glen Burnie 8, Md DATE SIGNED May 12, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 15, 1952	NAME OF CEMETERY OR CREMATORY Sater's	LOCATION (City, town, or county) (State) Baltimore Co., Maryland
DATE REC'D BY LOCAL REG. 5/13/52	REGISTRAR'S SIGNATURE A W Hedrick	24. FUNERAL DIRECTOR Burgee Funeral Home	ADDRESS 3631 Falls Road

Horace F. Burgee

VS. A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 25 md
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6423 Oak St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto 25 md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 25 md
STREET ADDRESS (If rural, give location) 6423 Oak St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) — (Last) Brooks

4. DATE OF DEATH (Month) May 23 (Day) 52 (Year) 19

5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 1-1885
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Fertilizer & chemicals
11. BIRTHPLACE (State or foreign country) Balto md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unk.
14. MOTHER'S MAIDEN NAME Elizabeth Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 217-054753A
17. INFORMANT AND ADDRESS Frances Brooks 6423 Oak St Balto 25 md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 days
531X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	1 yr.
	(c) Malignant Hypertension	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1951, to May 23-52, that I last saw the deceased alive on May 20, 1952 and that death occurred at 5 40 A m., from the causes and on the date stated above.

SIGNATURE Joseph Lipsky (Degree or title) ADDRESS N.D. Odenton Md DATE SIGNED May 23-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 23-52
NAME OF CEMETERY OR CREMATORY Mt Calvary
LOCATION (City, town, or county) A.A. Co (State) md

DATE REC'D BY LOCAL REG. 5/24
REGISTRAR'S SIGNATURE L. J. De Alba
24. FUNERAL DIRECTOR James A Hayes ADDRESS 6384 Belmont St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

13880

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (In this place) 38 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 College ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 28 College avenue

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Francis (Last) Brown

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 24. 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months 8; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prince George Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Hummer

14. MOTHER'S MAIDEN NAME: Margaret Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Cecelia B. Green 28 College ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-Vascular accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15-52, 19..., to 5-6-52, 19..., that I last saw the deceased alive on 5-5-52, 19..., and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE: A. Callan (Degree or title) MD ADDRESS 10 Carroll DATE SIGNED 5-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-11-1952

NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery

LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: May 10 1952

REGISTRAR'S SIGNATURE: Mrs. Beach

24. FUNERAL DIRECTOR: William Rose & ADDRESS 108 W. Wash. st Annapolis, Maryland.

RECEIVED
MAY 14 1952
BUREAU V. S.

81

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY: a a Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Heald Harbor
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Heauld Harbor
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) D (Last) Bruning
4. DATE OF DEATH (Month) May (Day) 23 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Feb 20 1872
9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Steifel
14. MOTHER'S MAIDEN NAME: Deefenbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Eugene Bruning Montrose + Pratt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Idiopathic Pulmonary Fibrosis	5 Years
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	1 Year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to May 23, 1952 that I last saw the deceased alive on May 22, 1952 and that death occurred at 6:20 P m., from the causes and on the date stated above.

SIGNATURE: Edward G Thurnett (Degree or title): M.D. ADDRESS: Cambrills Md DATE SIGNED: 5-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 26/52
NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG.: May 24 1952
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Ulrich F Horn ADDRESS: 2004 Orleans

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1

MARYLAND STATE DEPARTMENT OF HEALTH

82

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) D.O.A.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold P.O
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital	STREET ADDRESS (If rural, give location) Pines-on-the-Severn

3. NAME OF DECEASED (Type or Print)	(First) Michael	(Middle) Corey	(Last) Bunting	4. DATE OF DEATH	(Month) May	(Day) 1	(Year) 1952
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 1/21/52	9. AGE last birthday yrs.	If under 1 year Months 3	Days 10	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Robert F. Bunting		14. MOTHER'S MAIDEN NAME Gail Graves					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS ROBERT F. Bunting, Arnold, Md					

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Aspiration of Vomitus	
921.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) accidental	
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg.) Home	(CITY OR TOWN) Severn on Pines (COUNTY) Arnold (STATE) A.A. Md
TIME OF INJURY (Month) May (Day) 1 (Year) 1952 (Hour) 11 AM	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John M. Claffey	M.D. Deputy medical Examiner	Annapolis	Md

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE THEREOF May 2, 1952	NAME OF CEMETERY OR CREMATORY Fort Lincoln	LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REG. May 2, 1952	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR B.L. Hopping and Son	ADDRESS Annapolis, Md.

LC 12273400

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

RECEIVED
MAY 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

83

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 76 Pleasant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 76 Pleasant

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) Hollis (Last) BUTLER JR
4. DATE OF DEATH: (Month) MAY (Day) 5 (Year) 1952

5. SEX: male
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan. 3. 1952
9. AGE last birthday: yrs. — If under 1 year: Months 4, Days 2 — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Butler Sr
14. MOTHER'S MAIDEN NAME: Mary Ann Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Joseph Butler SR. 76 pleasant St

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Virulent Pneumonia — Interval Between Onset and Death: 2 days

492 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John M. Coffy M.D. Deputy Medical Examiner Annapolis Md 5/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-9-1952
NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: May 9, 1952
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: William Reese Sr
ADDRESS: 108 W. Washington St Annapolis, Maryland

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RECEIVED
MAY 15 1952
BUREAU V. S.

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. Klawans

84

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Cornhill St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 2 Cornhill St.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Lewis (Last) Carter

4. DATE OF DEATH (Month) 5 (Day) 30 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar-22-1902
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linesman Tas & Electric Co
10b. KIND OF BUSINESS OR INDUSTRY Linesman
11. BIRTHPLACE (State or foreign country) Charlottesville Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Surge Carter
14. MOTHER'S MAIDEN NAME Katherine Keener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Martha D. Carter Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH 1 yr +

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION November 1951
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Lung.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 21, 1951, to 5/30, 1952, that I last saw the deceased alive on 5/29, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Maurice I Klawans, Md (Degree or title) ADDRESS Annapolis, Md DATE SIGNED 5/31/52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF June 3-52 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. June 2, 1952 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

RECEIVED
4 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 10-T

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva
STREET ADDRESS (If rural, give location): Riva Road

3. NAME OF DECEASED (Type or Print): (First) Tryden (Middle) Hodges (Last) Childs

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: 3-31-1882

9. AGE last birthday: 70 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): A A Co Md

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: John G. Hodges

14. MOTHER'S MAIDEN NAME: Ida Kent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Eugene M. Childs Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerotic disease — 9 days

(c) Arterial thrombus at leg.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Severe arteriosclerosis gen.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 52, to May 2nd, 19 52, that I last saw the deceased alive on May 1st, 19 52, and that death occurred at 9:10 A m., from the causes and on the date stated above.

SIGNATURE: Louis Radler (Degree or title) M.D. ADDRESS: 45 Franklin St Annapolis Md DATE SIGNED: 5-3-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF: 5-4-52 NAME OF CEMETERY OR CREMATORY: All Hallows Chapel LOCATION (City, town, or county) (State): Davidsonville, Md.

DATE REC'D BY LOCAL REG.: May 4, 1952 REGISTRAR'S SIGNATURE: [illegible] French

24. FUNERAL DIRECTOR ADDRESS: John M. Taylor & Son - Annapolis, Md.

RECEIVED
MAY 6
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jewel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Madora (Middle) (Last) Cortee

4. DATE OF DEATH: (Month) 5 (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-5-1876

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Calvert County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Martha Grass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Joseph Cortee - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1952, to May 2, 1952 that I last saw the deceased alive on May 1, 1952, and that death occurred at 8:50 A.M., from the causes and on the date stated above.

SIGNATURE / (Degree or title) Edith Roeller M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-5 1952 | NAME OF CEMETERY OR CREMATORY Hall Creek | LOCATION (City, town, or county) Calvert Co. (State) Md.

DATE REC'D BY LOCAL REG. May 2, 1952 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR C. E. Lowell-Prince Fredrick, Md. ADDRESS

RECEIVED
MAY 5 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Odenton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wilson Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Odenton
STREET ADDRESS (If rural, give location): Wilson Terrace

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) HENRY (Last) CONTEE

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 19, 1911

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Trackman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Walter Snowden

14. MOTHER'S MAIDEN NAME: Josephine Contee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 717-07-6570

17. INFORMANT: Lucinda Contee (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Gunshot wounds of head and abdomen

9817 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): Wilson Terrace, Odenton, Anne Arundel Co., Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 5/9/52 9:00 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Firearms

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title): William J. Lovett

ADDRESS: Baltimore, Maryland

DATE SIGNED: May 10, 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF: May 13/1952

NAME OF CEMETERY OR CREMATORY: Fosters A.M.E. Zion

LOCATION (City, town, or county): Odenton

(State): Md.

DATE REC'D BY LOCAL REG.: May 12, 1952

REGISTRAR'S SIGNATURE: Clara M. Haslup

FUNERAL DIRECTOR: J. D. Johnson

ADDRESS: Annapolis

RECEIVED
MAY 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

588

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Brooklyn 25
LENGTH OF STAY (in this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stoney Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25
STREET ADDRESS (If rural, give location) 4714 Westbay Ave.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Albert (Last) Dailey

4. DATE OF DEATH (Month) May (Day) 30th (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 12/5/43

9. AGE last birthday 8 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pupil

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph C. Dailey

14. MOTHER'S MAIDEN NAME Florence Crockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mr. Joseph C. Dailey (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Found floating in Stoney Creek. (Dec[illegible] Exam) 6-3-52

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE William [illegible] (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF June 2 1952 NAME OF CEMETERY OR CREMATORY Holy Redeemer LOCATION (City, town, or county) Beaver Rd Balto Md (State)

DATE REC'D BY LOCAL REG. May 31st 1952 REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR George J. Kuhl Inc ADDRESS 1735 Hanford Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8½ Market Space

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A. A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 8½ Market Space

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HAROLD	M.	DEGAN	May	31	19 52

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Single	Nov 23rd 1902	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Boatswain Mate 2 C	U.S. Navy	Boston Mass	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Degan	Cecelia Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
World War II	—	Cecelia A. Degan Boston Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Alcoholism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John M. Claffy	M.D., Deputy Medical Examiner	Annapolis Md.	5/31/52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	6-4-52	Arlington National	Arlington	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 2, 1952	[signature]	John M. Tayloe Sons	Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 4 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Ditzel
4. DATE OF DEATH (Month) 5 (Day) 21 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jany 10th 1872
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (State or foreign country) Arnold Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Charles Ditzel
14. MOTHER'S MAIDEN NAME Florence E. Westerfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Harry Hurst Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	2 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	3 yrs.
	(c) Cholecystitis, Chronic	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10-, 1952 to 5-21-, 1952, that I last saw the deceased alive on 5-20, 1952, and that death occurred at 12 25 m., from the causes and on the date stated above.

SIGNATURE James D. Smith (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 5-21-52

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 5-24-52
NAME OF CEMETERY OR CREMATORY St Margarets
LOCATION (City, town, or county) St Margarets (State) Md

DATE REC'D BY LOCAL REG. May 23 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

91

Reg. Dist. 2

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 919 N. Arlington Ave.

3. NAME OF DECEASED (Type or Print) (First) (Kuintino) (Middle) (Last) KENTON PAULO DUARTE
4. DATE OF DEATH (Month) May (Day) 12 (Year) 1952

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH ~~unknown~~ 5-18-84
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Excavating
11. BIRTHPLACE (State or foreign country) ~~Puerto Rico~~ Portugal
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Duarte ~~unknown~~
14. MOTHER'S MAIDEN NAME Rosa Duarte ~~unknown~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Bertha Garrett, 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing Injury to Chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Mariscley Ave (CITY OR TOWN) Annapolis (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) May (Day) 12 (Year) 1952 (Hour) 9:30 a.m.
INJURY OCCURRED While at work X Not while at work ☐
HOW DID INJURY OCCUR? Cave-in of ditch where he was at work

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffey (Degree or title) M.D. ADDRESS Deputy Medical Examiner, Annapolis Md DATE SIGNED 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/14/52
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 5-15-52
REGISTRAR'S SIGNATURE G.W. Hedrick
24. FUNERAL DIRECTOR Charles K. Law ADDRESS 802 Mad. Ave.

Inst

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anna olis,

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

STREET ADDRESS (If rural, give location): 140 Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
LAVINA	F	ELLIOTT	May 20, 1952 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Feb. 16, 1884	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Blooms Island, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Horsman	Sally Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no / no	none	Mrs William Hombnouch same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	7 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Gen arteriosclerosis	15 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. diabetis mellitus

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan, 19 48, to May 20, 19 52, that I last saw the deceased alive on May 20, 19 52, and that death occurred at 6 50 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
J. Bosmuch M.D	Annapolis Md	5/21/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-21-52	Cedar Bluff Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 22, 1952	[signature]	Ben L. Hopping and Son	Annapolis, Maryland

VS. A15 8-51

RECEIVED
MAY 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 93

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 10 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 207 Norwood Road

3. NAME OF DECEASED: (Type or Print) (First) Mark (Middle) Saintclair (Last) ELLIS
4. DATE OF DEATH: (Month) May (Day) 27 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar 30, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Navy
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward S ELLIS (DECEASED)
14. MOTHER'S MAIDEN NAME: Martha J STEARNS (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) Sp.Am & WW1
16. SOCIAL SECURITY No.: - - -
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) OCCLUSION, CORONARY ARTERY (N420.1)	1 hour
156.1	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) MALIGNANT NEOPLASM OF LIVER (N155)	6 mos
	DUE TO	
	(c) CIRRHOSIS OF LIVER, HYPERTROPHIC (N581)	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. - -

19a. DATE OF OPERATION: - - -
19b. MAJOR FINDINGS OF OPERATION: - - -
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - -
(CITY OR TOWN) - - - (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from Mar 20, 19 52, to May 27, 19 52, that I last saw the deceased alive on May 27, 19 52, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

SIGNATURE J. R. MC SPANE, LCDR MC USN. (DEGREE OR TITLE) ADDRESS U. S. NAVAL HOSPITAL, ANNAPOLIS, MD DATE SIGNED 5-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-29-52
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. May 28, 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B.L. Hopping and Son ADDRESS Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 29 1952
BUREAU U. S.

94

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 18 yrs. 2½ mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 2121 Madison Avenue

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) Fauntleroy

4. DATE OF DEATH: (Month) 5 (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ?

9. AGE last birthday: 70? yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joe Fauntleroy

14. MOTHER'S MAIDEN NAME: Lucy (Last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	10 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	Known to us since 1942
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 19 41, to 5/5/, 19 52, that I last saw the deceased alive on 5/5, 19 52, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D.
ADDRESS Crownsville, Maryland
DATE SIGNED May 5, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/9/52
NAME OF CEMETERY OR CREMATORY: [illegible]
LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG. 5-12-52
REGISTRAR'S SIGNATURE: K. M. Joyce
FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible]

cma

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MAY 12 195?
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04595

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General	STREET ADDRESS (If rural, give location) 88 Main Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) F (Last) FRECH

4. DATE OF DEATH: (Month) MAY (Day) 7, (Year) 1952 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Jan. 9, 1881	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Baltimore, Maryland	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	212-14-2688 A	Mrs. Lula A. Blanch Box 244 Rt. L. Glen Burnie, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) arteriosclerotic cardio-vascular	
422.1 Antecedent cause(s)	DUE TO disease	20 yrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. malnutrition — not known

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5.16, 1952, to 5.17, 1952, that I last saw the deceased alive on 5.17, 1952 and that death occurred at 10 L.A. m., from the causes and on the date stated above.

SIGNATURE S. Bonnick (DEGREE OR TITLE) M.D. ADDRESS Annapolis Md DATE SIGNED 5/8/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 9, 1952	St. Anne's Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 9, 1952	[signature]	Ben L. Hopping and Son	Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
MAY 19 19
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Junction
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Junction
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) G. (Last) Fulton

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 6, 1864
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker
10b. KIND OF BUSINESS OR INDUSTRY: Real estate
11. BIRTHPLACE (State or foreign country): Sommerfield, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Monroe Fulton
14. MOTHER'S MAIDEN NAME: Catherine Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Clara G. Fulton, Annapolis Junction, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Cardiac Dilitation — INTERVAL BETWEEN ONSET AND DEATH 2 hr.

334X

Antecedent cause(s) DUE TO (b) Senility - Central Arteriosclerosis — 10 yr

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1952, to 5/2, 1952, that I last saw the deceased alive on 5/2, 1952, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE B. P. Warren (DEGREE OR TITLE) MD - ADDRESS Laurel Md DATE SIGNED 5/3/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 4 1952
NAME OF CEMETERY OR CREMATORY Fulton Family Cem.
LOCATION (City, town, or county) Sommerfield, (State) Va.

DATE REC'D BY LOCAL REG. May 3-1952
REGISTRAR'S SIGNATURE Clara M Haslup
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferry Farms; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferry Farms; STREET ADDRESS (If rural, give location) near Annapolis Md

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) B. (Last) Geraci

4. DATE OF DEATH: (Month) 5 (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Widower

8. DATE OF BIRTH: 11-15-1870

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Emp. U.S.C.G. Station

10b. KIND OF BUSINESS OR INDUSTRY: Cement worker

11. BIRTHPLACE (State or foreign country): Annapolis Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Francis Onofreo Geraci

14. MOTHER'S MAIDEN NAME: Mary Noonan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Francis P. Geraci Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 day

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic heart disease — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1951, to 5-5-, 1952, that I last saw the deceased alive on 5-5-, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE James A. Martin (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 5-6-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5-8-52 | NAME OF CEMETERY OR CREMATORY St Mary's | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. May 8, 1952 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR John W. Taylor Sr. ADDRESS Annapolis Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04898

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH — COUNTY: ANNE ARUNDLE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FT GEO G MEADE, MD — LENGTH OF STAY (In this place): 4 [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ft Geo G. Meade CIVILIAN QUARTERS BLDG # 256

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: South Carolina — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: McColl
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) ALEXANDER (Middle) THOMAS (Last) GIBSON

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 18 Jan 1895
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Post Engeneer
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Nelson Gibson
14. MOTHER'S MAIDEN NAME: Martha Ann Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): [illegible] — (If yes, give war or dates of service): 1917-1919
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mr William A Gibson (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — sudden

434 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ examined the deceased ~~from~~ ~~19~~ ~~to~~ ~~19~~ ~~that I last saw the deceased~~ ~~alive on~~ 4 May, 1952, and that death occurred at 2330 hrs., from the causes and on the date stated above.

pronounced dead

SIGNATURE: HERMAN N. NACHMAN, Capt. M.C. (Degree or title) — ADDRESS: USA Hosp Ft Meade, Md — DATE SIGNED: 4 May 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-18-52 — NAME OF CEMETERY OR CREMATORY: Sever Dam — LOCATION (City, town, or county) (State): McColl, South Carolina

DATE REC'D BY LOCAL REG.: 4 May 52 — REGISTRAR'S SIGNATURE: ARTHUR J GOMBOSH CAPT MSC

24. FUNERAL DIRECTOR: Donaldson Funeral Home, Laurel, Md. — ADDRESS:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 99

CERTIFICATE OF DEATH

Reg. Dist. No. 2.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn

STREET ADDRESS Bernard Ave. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Gover (Last) Gregg

4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/14/72

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Gover

14. MOTHER'S MAIDEN NAME: Ellen Gillis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Margaret Engelberg. Laurel R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	3 Wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerotic Heart Dis.	5 Yrs
	(c) DUE TO Generalized Arteriosclerosis	5 Yrs

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1947, to 5/19, 1952, that I last saw the deceased alive on 5/17, 1952, and that death occurred at 2:55 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M Warren MD Laurel Md 5/20/52

23. BURIAL / CREMATION / REMOVAL (Specify): Burial

DATE THEREOF May 22 1952

NAME OF CEMETERY OR CREMATORY St Johns

LOCATION (City, town, or county) Elliott City (State) Md

DATE REC'D BY LOCAL REGISTRAR May 22-52

REGISTRAR'S SIGNATURE Clara M Haslup

24. FUNERAL DIRECTOR Ridgley Selby

ADDRESS 401 Wash. Ave Laurel, Md

VS—A15 8-51

RECEIVED
JUN 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crownsville
LENGTH OF STAY (in this place) 4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunrise Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~A.A.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3935 W. Mulberry St

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) V. (Last) GUNTHER Jr.
4. DATE OF DEATH (Month) MAY (Day) 30 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH Apr. 9, 1933
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward V. Gunther
14. MOTHER'S MAIDEN NAME Mary A. Bentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Edward V. Gunther, Sr.-3935 W. Mulberry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Plum Creek (CITY OR TOWN) Crownsville (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 30 1952 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffy M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis, Md DATE SIGNED 5/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/3/52
NAME OF CEMETERY OR CREMATORY New Cathedral Cem.
LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. 6/2/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY A A Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 Maple Lane NW

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md A A Co COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 210 Maple Lane NW

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Edward (Last) Heaphy Sr

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug 18-1893
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Brass + Copper
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Heaphy
14. MOTHER'S MAIDEN NAME Mary Randall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-10-0814
17. INFORMANT AND ADDRESS Edward T. Heaphy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-Vascular Disease	12 mo.
44 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension + Arteriosclerosis	2 - yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 5/16, 1952, that I last saw the deceased alive on 5/16, 1952, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE Chas. L. Bole Jr. (Degree or title) ADDRESS Linthicum DATE SIGNED 5/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 19-52
NAME OF CEMETERY OR CREMATORY St Stanislaus
LOCATION (City, town, or county) Baltimore Co (State) MD

DATE REC'D BY LOCAL REG. 5/17/52
REGISTRAR'S SIGNATURE L. J. DeAlba
24. FUNERAL DIRECTOR Bernard A Fink ADDRESS Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Margarets
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural, give location) 200 Gloucester

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Bieg (Last) Heineman
4. DATE OF DEATH (Month) 5 (Day) 8 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 2-5 1866
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (State or foreign country) Phila Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Jacob Bieg
14. MOTHER'S MAIDEN NAME Marie Wertz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Paul K. Heineman Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Unknown

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular

(c) Renal disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18/, 1952, to 4/25/, 1952, that I last saw the deceased alive on 4/25, 1952, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE R. H. Brooks (Degree or title) M.D. ADDRESS U.S. Naval Hospital Annapolis DATE SIGNED 5/8/52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5-8-52 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town, or county) Prince Geo Co (State) Md

DATE REC'D BY LOCAL REG. May 8, 1952 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAY 13 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

303

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 513 Sharp St.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) ALBERT (Last) HIGGINS.
4. DATE OF DEATH (Month) May (Day) 31 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH May 22. 1876
9. AGE last birthday 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER
10b. KIND OF BUSINESS OR INDUSTRY MEAT MARKET
11. BIRTHPLACE (State or foreign country) MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Daniel Higgins
14. MOTHER'S MAIDEN NAME Henrietta G. Frantom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Robert E. Higgins 2916 Presbury St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism c̄ rt. Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 8 days

447X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Hemiplegia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to 5/31, 1952, that I last saw the deceased alive on 5/23, 1952, and that death occurred at 7.15 P. m., from the causes and on the date stated above.

SIGNATURE Maurice Klawans (Degree or title) MD ADDRESS Annapolis, Md DATE SIGNED 5/31/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6.3.1952
NAME OF CEMETERY OR CREMATORY Olivet
LOCATION (City, town, or county) St. Michaels (State) Md.

DATE REC'D BY LOCAL REG. 6/2/52
REGISTRAR'S SIGNATURE a W Hedrick
24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 1954

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LINTHICUM HEIGHTS
LENGTH OF STAY (in this place) 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 225 SYCAMORE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LINTHICUM HEIGHTS
STREET ADDRESS (If rural, give location) 225 SYCAMORE ROAD

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) EDWARD (Last) HOPKINS

4. DATE OF DEATH: (Month) MAY (Day) 25 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug 11, 1890

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: REZIN HOPKINS

14. MOTHER'S MAIDEN NAME: ELIZABETH ANN CRAGGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Elizabeth Hopkins, Linthicum Hgts, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

450.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to May 25, 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
C Milton Linthicum, M.D. Linthicum Hgts, Md 5/25/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/28/52 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. | LOCATION (City, town, or county) (State): A. A. Co., Md.

DATE REC'D BY LOCAL REG. 5/26/52 | REGISTRAR'S SIGNATURE: Dec Reduced One | 24. FUNERAL DIRECTOR: Wm. E. Lockner & Sons | ADDRESS: North & Pa., Balto 17, Md.

M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis

LENGTH OF STAY (in this place) 1 hr 53 min

HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 703 North Howard Street

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) HOULE

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 26, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 1 Min. 53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Peter Clayton HOULE

14. MOTHER'S MAIDEN NAME: Nancy Elaine VAULINA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) IMMATURITY UNQUALIFIED	1 hr 53 min
776x Antecedent cause(s)	DUE TO (b) - -	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c) - -	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. - - -

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - -

(CITY OR TOWN) - - - (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from May 26, 1952, to May 26, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

SIGNATURE: W. I. NEIKIRK, LCDR MC USN (DEGREE OR TITLE) ADDRESS U. S. NAVAL HOSPITAL, ANNAPOLIS, MD DATE SIGNED 5-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 29-52

NAME OF CEMETERY OR CREMATORY U. S. Naval Cemetery

LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. May 29, 1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR B. P. Hopping & Son ADDRESS Annapolis, Md.

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RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16

CERTIFICATE OF DEATH

Reg. Dist. No. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-AD 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Box 439 Rt. 1 Edgewater

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater

STREET ADDRESS (If rural, give location): Box 439 Rt. 1 Edgewater P.O

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) HENRY (Last) IRELAND

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Aug. 23, 1868	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret. Carpenter	Home Building	Calvert County, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Steven Ireland	Elizabeth Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	none	Mrs. Grace V. Adler same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) cerebral hemorrhage	5 days
33/X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Generalized arteriosclerosis	25 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 52, to May 21, 19 52, that I last saw the deceased alive on May 19, 19 52, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
R. Bowman M.D		Annapolis Md	5/21/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-23-52	Hope Chapel Cemetery	Edgewater, Anne Arundel, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 22, 1952	Edward Collenson	Ben L. Hopping and Son	Annapolis, Md.

RECEIVED
MAY 26
BUREAU V. S.

12

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmans
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge & Worsey Rds

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmans
STREET ADDRESS (If rural, give location) Ridge & Worsey Rds.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) L. (Last) Jackson
4. DATE OF DEATH (Month) May (Day) 22nd (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec. 12, 1865
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Enos A. Jackson
14. MOTHER'S MAIDEN NAME Rebecca Staver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Mrs. Grace Conway, Hanover, R.F.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardio-Vas. Disease	1 yr.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	1 yr.
	(c) ✓	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1952, to May 22, 1952, that I last saw the deceased alive on May 21st, 1952, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shifley, M.D. ADDRESS Savage, Md. DATE SIGNED 5/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 5/24/52
NAME OF CEMETERY OR CREMATORY Mt. Hebron
LOCATION (City, town, or county) Winchester, Va. (State)

DATE REC'D BY LOCAL REG. 5/23/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft Geo G. Meade — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 22 — STREET ADDRESS (If rural, give location): Apt 1-A, 6607 Woods Parkway ✓

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) May (Last) James

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1952

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: 7 Apr 1886 — 9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): London Grove, Pa. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: 147-09-2399-B — 17. INFORMANT AND ADDRESS: WOJG Harry James Ft. Holabird, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis — 5 days

2i X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus — 11 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5 May, 1952, to 10 May, 1952, that I last saw the deceased alive on 9 May, 1952, and that death occurred at 6:25 A m., from the causes and on the date stated above.

SIGNATURE: Robert M. Putnam (ROBERT M. PUTNAM) (Degree or title): Capt. MC — ADDRESS: HS Army Hosp, Ft. Meade, Md. — DATE SIGNED: 9 May 52

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 10 May 52 — NAME OF CEMETERY OR CREMATORY: — — LOCATION (City, town, or county): Milton, Pa. (State):

DATE REC'D BY LOCAL REG.: 14 May 52 — EMBALMER'S SIGNATURE: Arthur J. Gotosh (ARTHUR J. GOTOSH), Capt MSC — 24. FUNERAL DIRECTOR: Ullrich Funeral Home — ADDRESS: 2112 Lundale Ave. Baltimore, Md.

RECEIVED
MAY 15 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

909

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnson Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Johnson (Last)

4. DATE OF DEATH (Month) 5 (Day) 2 (Year) 1952

5. SEX Male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 5-2-1952 | 9. AGE last birthday yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Annapolis | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Johnson | 14. MOTHER'S MAIDEN NAME Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Joseph Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Failure | 1 Dr

7 4,4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/52, 19....., to 5/2/52, 19....., that I last saw the deceased alive on 5/2/52, 19....., and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE Theodore H. Johnson (Degree or title) | ADDRESS 47 Northwood Street Annapolis, Md. | DATE SIGNED 5/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5-4-1952 | NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery | LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REG. May 4, 1952 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Wm. Reese II 108 W. Wash. Street Annapolis, Maryland | ADDRESS

2 5 - 74405

VS. A15 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 35 Cathedral St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 35 Cathedral St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	C.	Johnson	May	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year (Months)	(Days)	If under 24 hrs. (Hours)	(Min.)
female	Colored	widow	1882	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	General housework	Annapolis, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charlie Cephas	Eliza ? Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Annie Murden, 35 Cathedral St. Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) dilatation of heart	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) aneurysma of aorta	
	(c) nephrosclerosis, gen. arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-10, 19 52, to 5-12, 19 52, that I last saw the deceased alive on 5-13, 19 52, and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edith Roeller	M.D.	45 Franklin St Annapolis Md.	5-16-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 19 52	Brewer Hill	Annapolis,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 17, 1952	[signature]	Wm. Annie A. Johnson	Annapolis Md.

VS. A 15

RECEIVED
MAY 23 195
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
LENGTH OF STAY (in this place) 36 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301 Box 277

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) — (Last) KRUSZEWSKI

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 19 52

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: 9/24/79

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany - Europe

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH - WOZNIAK

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None.

17. INFORMANT & ADDRESS: Mrs. Bernard Kruszewski - (husband)

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause	(a) Mitral Insufficiency	5 y.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Diabetes	10 y
260X	(c) DUE TO Pulmonary T.B.	2 y+
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 47, to 5/23, 19 52, that I last saw the deceased alive on 5/23, 19 52, and that death occurred at 8:40 A.m., from the causes and on the date stated above.

SIGNATURE Gustave A. Pauker M.D. (DEGREE OR TITLE) ADDRESS Glen Burnie Md. DATE SIGNED 5/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 27-52
NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary
LOCATION (City, town, or county) Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. 5/26/52
REGISTRAR'S SIGNATURE A.E. Hedrick
24. FUNERAL DIRECTOR Wm. S. Fialkowski
ADDRESS 2007 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12

CERTIFICATE OF DEATH

Reg. Dist. No. 9-6

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edward (Last) Leatherbury
4. DATE OF DEATH (Month) May (Day) (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH July 5th 1863
9. AGE last birthday 88 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible] bay vessel
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Purnell Leatherbury
14. MOTHER'S MAIDEN NAME Rachel Deale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1917-1919
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Clyde Purnell Leatherbury 2054 Liberty Heights Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1952, to May 18, 1952, that I last saw the deceased alive on 5-18, 1952, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE Bruce Linn Brant (Degree or title) MD. ADDRESS [illegible] Md. DATE SIGNED 5-18-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF May 21 1952
NAME OF CEMETERY OR ~~CREMATORY~~ Quaker Cemetery
LOCATION (City, town, or county) Galesville (State) MD.

DATE REC'D BY LOCAL REG. May 52
REGISTRAR'S SIGNATURE J. B. Dent
24. FUNERAL DIRECTOR T. A. Hardesty & Son ADDRESS Galesville Md.

RECEIVED
MAY 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13

CERTIFICATE OF DEATH

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A[illegible] 51

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beverley Beach (Mayo P.O)

LENGTH OF STAY (in this place): 1 yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Ave and Beach Place

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beverley Beach Mayo Post Office

STREET ADDRESS (If rural, give location): Maryland Ave and Beach Place

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) PURDY (Last) LEE

4. DATE OF DEATH: (Month) MAY (Day) 11, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 4, 1881

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): painter

10b. KIND OF BUSINESS OR INDUSTRY: Homes

11. BIRTHPLACE (State or foreign country): Mayo, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph A Lee

14. MOTHER'S MAIDEN NAME: Rebecca M. Purdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 218-05-7077 a

17. INFORMANT & ADDRESS: Mrs, Sadie May Lee same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 52, to May 11, 1952, that I last saw the deceased alive on May 12 19 52, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Bowman M.D — ADDRESS Annapolis Md — DATE SIGNED 5/11/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-13-52	Mayo Memorial	Mayo, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 13, 1952	Edward Callenson	Ben L. Hopping and Son	Annapolis, Md.

RECEIVED
MAY 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 89 Prince George St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.; STREET ADDRESS (If rural, give location) 89 Prince George

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) C. (Last) Le Tourneau

4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 11th 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Annapolis Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George W. Le Tourneau

14. MOTHER'S MAIDEN NAME: Susie C. Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Harry Le Tourneau Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio Vascular Failure	Few hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral + General Arterio Sclerosis	Several yrs
	(c) Cr. Nephritis	Several yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14th, 1952, to May 20, 1952, that I last saw the deceased alive on May 20, 1952, and that death occurred at 7.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Oliver Purvis M.D. 40 Franklin St. Annapolis Md May 21/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5-23-52 | NAME OF CEMETERY OR CREMATORY St Annes | LOCATION (City, town, or county) Annapolis | (State) Md.

DATE REC'D BY LOCAL REG. May 23, 1952 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-53

RECEIVED
MAY 26 1952
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

315

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS United States Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kansas COUNTY Shannee
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Topeka
STREET ADDRESS (If rural, give location) 1178 Medford

3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) MAE (Last) MACKEY
4. DATE OF DEATH (Month) MAY (Day) 18 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 16 May 1916
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Oklahoma
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hershell Cooper
14. MOTHER'S MAIDEN NAME Ella Dotie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS 2191 Hoo Camp Alphett, Va. Lt Benjamin E. Mackey (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Shock	36 hrs
67 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Post-partum hemorrhage	36 hrs
	(c)	Uterine atony (Caesarean section)	36 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 17 May 52
19b. MAJOR FINDINGS OF OPERATION Uterine atony
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 May, 1952, to 18 May, 1952, that I last saw the deceased alive on 18 May, 1952, and that death occurred at 1625 hrs m., from the causes and on the date stated above.

SIGNATURE Joseph C. Sheehan (Degree or title) ADDRESS DATE SIGNED
JOSEPH C. SHEEHAN, Capt., M.C. USA Hosp Ft Geo G. Meade, Md 18 May 1952

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 19 May 52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 18 May 52
REGISTRAR'S SIGNATURE [signature] J. [illegible] H, Capt.,
24. FUNERAL DIRECTOR ADDRESS MSC Donaldson Funeral Home, Laurel, Md.

RECEIVED
MAY 22 1952
BUREAU V. S.

16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place): 2mo 5 das	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 1004 Monroe Street
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): Annapolis, Maryland

3. NAME OF DECEASED (Type or Print)	(First) Rega	(Middle) Ann	(Last) MARCUS	4. DATE OF DEATH	(Month) May	(Day) 3	(Year) 1952
5. SEX: Female	6. COLOR OR RACE: Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Mar 8, 1923	9. AGE last birthday: 29 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: - -	11. BIRTHPLACE (State or foreign country): Illinois	12. CITIZEN OF WHAT COUNTRY? US				
13. FATHER'S NAME: Al PERSKY	14. MOTHER'S MAIDEN NAME: Freida ROCKOWITZ						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Hospital records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMATOSIS (N199)	3 mos
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) MALIGNANT NEOPLASM OF LEFT BREAST (N170)	1 year
	(c) - -	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - -

19a. DATE OF OPERATION: May 22, 1951	19b. MAJOR FINDINGS OF OPERATION: MALIGNANT NEOPLASM OF LEFT BREAST (N199)	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): - - -	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - -	(CITY OR TOWN) - - - (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): - - - m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from FEB 28, 1952, to MAY 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 6:06 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas E. Barber			
T. E. BARBER, LT MC USNR		U. S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND	5-3-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5-4-52	to	CHICAGO, ILL

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
May 4, 1952	[signature]	B.L.Hopping and Son	Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MHC.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H (Last) Meade
4. DATE OF DEATH (Month) May (Day) 17 (Year) 1952

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug. 1889
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Richmond Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Not known
14. MOTHER'S MAIDEN NAME Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS MHC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 6 wks

4 uc

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Arterio-sclerosis, general

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 25, 1952 to May 17, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John A Clark MD ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6/28/52
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Baltimore City Md (State)

DATE REC'D BY LOCAL REG. May 23-52
REGISTRAR'S SIGNATURE Clara M Haslup
24. FUNERAL DIRECTOR Frances A Hemsley
ADDRESS 78 N Biddle St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 59 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital, Annapolis

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 828 Bay Ridge Avenue, Eastport

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Matthew (Last) MEINHOLD

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 9-4-1892

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Receiving & Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Civil Service

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Herman MEINHOLD

14. MOTHER'S MAIDEN NAME: Sophie Cecelia HAMMERLI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Catherine Meinhold CROY - (Daughter) 9705 Witchita Ave., College Park, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CORONARY ARTERY OCCLUSION #420.1 — Interval between onset and death: 1 hour

420.1

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. - - -

RECEIVED
JUN 2 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1-51

I

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 First Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
STREET ADDRESS (If rural, give location) 12 First Avenue

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) C. (Last) Meyers

4. DATE OF DEATH: (Month) May (Day) 8, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 21, 1887

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Route Man

10b. KIND OF BUSINESS OR INDUSTRY: Cloverland Farms Dairy

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Meyers

14. MOTHER'S MAIDEN NAME: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Amelia D. Meyers, 12 First Avenue, Brooklyn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary thrombosis

DUE TO

420.1 Antecedent cause(s) (b) m myocardial + coronary insuff.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1951 to 5-8, 1952, that I last saw the deceased alive on ....., 19....., and that death occurred at 5-8, 5:30 PM m., from the causes and on the date stated above.

SIGNATURE Eugene Quitzer, M.D. (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/12/52

NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery

LOCATION (City, town, or county) (State) Parkville, Maryland

DATE REC'D BY LOCAL REG. 5/12/52

REGISTRAR'S SIGNATURE H. W. Hedrick Drk

24. FUNERAL DIRECTOR Wm. Cook, Inc.

ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

20

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1912 Penrose Avenue
STREET ADDRESS (If rural, give location) Baltimore, Maryland

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James		Moore	5	21	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	married	Unknown	49? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith	Unknown	Unknown	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
— — —	— — — —	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5/20/52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	Known to us since 2/29/52
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — —	— — — —	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
— — —	— — —	— — — —

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04921

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 11 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural, give location) 1312 WEST ST.

3. NAME OF DECEASED (Type or Print) ROBERT (Middle) M. (Last) MORRISSETT

4. DATE OF DEATH (Month) May (Day) 18 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 11/8/82 3
9. AGE last birthday 69 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY DRUG Co.
11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME EDGAR
14. MOTHER'S MAIDEN NAME MARY MORGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Miss Rosa Morrissett - Phila. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease yrs.

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 5/18, 1952, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice K Lawrence, MD
ADDRESS Annapolis, Md
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-21-52
NAME OF CEMETERY OR CREMATORY Western Cem.
LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 5-21-52
REGISTRAR'S SIGNATURE Clara M Hasluk
24. FUNERAL DIRECTOR George A. Farley Catonsville, Md.
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. AID

RECEIVED
JUN 5 1952
BUREAU M. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 22 20

CERTIFICATE OF DEATH

Reg. Dist. No.

M

VS-A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West River
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West River
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) MOULDEN

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1952

5. SEX: Man

6. COLOR OR RACE: Col

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Oct 24 1903

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer on State Road

11. BIRTHPLACE (State or foreign country): Bristol Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Moulden

14. MOTHER'S MAIDEN NAME: Edith Moulden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Lost

17. INFORMANT & ADDRESS: James Sharpes H. Lothian Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion
DUE TO
420.1
Antecedent cause(s) (b) arteriosclerotic vascular disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952, to May 7, 1952, that I last saw the deceased alive on May 3rd, 1952, and that death occurred at 6 P.m., from the causes and on the date stated above.

SIGNATURE Emily H. Wilson (DEGREE OR TITLE) M D ADDRESS Lothian Md. DATE SIGNED 5/10/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF MAY 10 1952 NAME OF CEMETERY ~~OR CREMATORY~~ MOSES Cem. LOCATION (City, town, or county) DRURY (State) MD

DATE REC'D BY LOCAL REG. 5/10/52 REGISTRAR'S SIGNATURE N.P. Clayton

24. FUNERAL DIRECTOR D.A. Standerty + Sno Galesville Md ADDRESS

RECEIVED
MAY 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.
STREET ADDRESS (If rural, give location) Main & Gloucester (Hotel Maryland)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) E. (Last) Mullan

4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-17-1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: Dentist

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis W. Mullan

14. MOTHER'S MAIDEN NAME: Ada Pellit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Eugene Mullan — Carvel Hall Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Thrombosis 2nd attack	about 10 minutes
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Coronary Thrombosis 1st attack	4 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1952, to May 6th, 1952, that I last saw the deceased alive on May 6th, 1952, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Oliver Purvis M.D. 40 Franklin St. Annapolis, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 5-9-52 — NAME OF CEMETERY OR CREMATORY: St Mary's — LOCATION (City, town, or county): Annapolis — (State): Md

DATE REC'D BY LOCAL REG.: May 8, 1952 — REGISTRAR'S SIGNATURE: [signature] — FUNERAL DIRECTOR: John M. Taylor Son — ADDRESS: Annapolis Md.

VS. A1

RECEIVED
MAY 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

324

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Glen Burnie
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) (Last) Murray

4. DATE OF DEATH (Month) May (Day) 13 (Year) 1952

5. SEX [illegible]
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH June 13-1950
9. AGE last birthday 14-[illegible] yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ~~or~~ CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/16/52
NAME OF CEMETERY OR CREMATORY Marley
LOCATION (City, town, or county) (State) A.A. Co. Md

DATE REC'D BY LOCAL REG. 5/15/52
REGISTRAR'S SIGNATURE A. C. Hedrick
24. FUNERAL DIRECTOR J. L. Brown & Son 108 W Montgomery St ADDRESS

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville; LENGTH OF STAY (In this place): 8mos.21 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; STREET ADDRESS (If rural, give location): 8 Jenkins Alley

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) (Last) Newkirk

4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 9/25/00

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: - - -

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pentathol anesthesia — Interval Between Onset and Death: Sudden

754X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Enlarg ed thymus gland — 2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Huntington's Chorea — Known to us since 8/15/51

19a. DATE OF OPERATION: May 6, 1952

19b. MAJOR FINDINGS OF OPERATION: Bilateral fracture of mandibula

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] or CONTRIBUTING [X] CAUSE OF DEATH. PLACE (Home, farm, factory, street, office building, etc.) OF INJURY: State Hospital (CITY OR TOWN): Crownsville (COUNTY): Anne Arundel (STATE): Md.

TIME OF INJURY (Month) 5 (Day) 6 (Year) 52 (Hour) 4:30 p.m. INJURY OCCURRED While at work [ ] Not while at work [X]

HOW DID INJURY OCCUR? Pentathol anesthesia

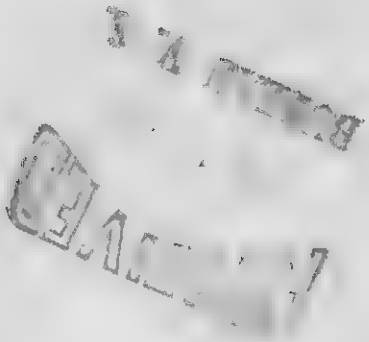
22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS: John M. Caffy, M.D., Deputy Medical Examiner, Annapolis, Md. DATE SIGNED: 5/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/10/52 — NAME OF CEMETERY OR CREMATORY: Crownsville State Hospital — LOCATION (City, town, or county) (State): Crownsville, Maryland

DATE REC'D BY LOCAL REG.: 5-9-52 — REGISTRAR'S SIGNATURE: E. M. Joyce

24. FUNERAL DIRECTOR — ADDRESS: Jacob Morgenstern N.D. Crownsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel ~~Edgewater~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. → ANNE ARUNDEL COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEWATER, MARYLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MAGGIE (Middle) E (Last) NICHOLSON.
4. DATE OF DEATH (Month) MAY (Day) 11th (Year) 1952

5. SEX Female
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH August 11, ~~1872~~ 1874
9. AGE last birthday ~~78~~ 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) BOYD, MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JOHN. W. LUCAS
14. MOTHER'S MAIDEN NAME ELLA JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS MRS PHILLIP LATIMER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	5 yrs.
32X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis Generalized	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1952, to MAY 11, 1952, that I last saw the deceased alive on MAY 10, 1952, and that death occurred at 12:12 P.m., from the causes and on the date stated above.

SIGNATURE E. Lunhardt (Degree or title) M.D. ADDRESS Annapolis Md. DATE SIGNED May 11-1952

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 5/14/52
NAME OF CEMETERY OR CREMATORY POTOMAC CEMETERY
LOCATION (City, town, or county) POTOMAC (State) MARYLAND

DATE REC'D BY LOCAL REG. May 13, 1952
REGISTRAR'S SIGNATURE Edward Collinson
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS WARNER E. PUMPHREY.
8434-GA. AVE. SILVER SPRING. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[redacted]: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 15 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1327

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 21 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 34 College Creek Terrace

3. NAME OF DECEASED (Type or Print): (First) Don (Middle) Wayne (Last) OLIVER
4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: NEGROID
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Apr. 26, 1952
9. AGE last birthday: -- yrs. If under 1 year: Months --; Days 7; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Willie Henry OLIVER
14. MOTHER'S MAIDEN NAME: Elmer HANZY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: - - -
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PERITONITIS, ACUTE, GENERAL (N576) — 1 day

Antecedent cause(s). Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PERFORATING ULCER OF STOMACH (N540.1) — 1 day

5140.1

(c) - -

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. - -

19a. DATE OF OPERATION: - - -
19b. MAJOR FINDINGS OF OPERATION: - - -
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - -
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - - -
(CITY OR TOWN) - - - (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: - - -
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from May 2, 1952, to May 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE: R. K. Brooks
(Degree or title) R. K. BROOKS, LCDR MC USN
ADDRESS U. S. NAVAL HOSPITAL, ANNAPOLIS, MD.
DATE SIGNED 5-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-6-1952
NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: May 6, 1952
REGISTRAR'S SIGNATURE: W. E. Branch
24. FUNERAL DIRECTOR: William Reese
ADDRESS: 108 W. Washington St Annapolis, Maryland

2 x 4 x 4 = 4 64

RECEIVED
MAY 7 1952
BUREAU W. S.

Item 18 Film G144 6-18-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

328

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waterbury | LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waterbury, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Enoch (Middle) (Last) Osborn
4. DATE OF DEATH: (Month) May (Day) 31 (Year) 52

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1868
9. AGE last birthday: 83 ? yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waterbury, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Issac Osborn
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 6 Months

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis — 10 years

(c) [illegible] — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured left hip — 6 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to May 31, 1952, that I last saw the deceased alive on May 31, 1952, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE: Edward G Merritt (Degree or title): M.D. ADDRESS: Edmonston Md DATE SIGNED: 5-31-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: June 4, 1952
NAME OF CEMETERY OR CREMATORY: John Wesley Cemetery
LOCATION (City, town, or county) (State): Waterbury, Maryland

DATE REC'D BY LOCAL REG.: June 4, 1952
REGISTRAR'S SIGNATURE: R. M. Joyce
24. FUNERAL DIRECTOR ADDRESS: H. Reese 11 1/8 W. Washington St. Annapolis, Maryland

RECEIVED
JUN 1:
BUREAU V. S.

29

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gibson Island
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadwater Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gibson Island
STREET ADDRESS (If rural, give location) Broadwater Rd.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Livingston (Last) Palmer, Jr.
4. DATE OF DEATH (Month) May (Day) 13 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 26, 1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward L. Palmer
14. MOTHER'S MAIDEN NAME Susan Catherine Boyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Mrs. Edward L. Palmer, Jr. Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary thrombosis	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary insufficiency	5 years
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to May 13, 1952, that I last saw the deceased alive on May 13, 1952 and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] Md. DATE SIGNED May 13, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 15, 1952
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
LOCATION (City, town, or county) Pikesville, (State) Md.
DATE REC'D BY LOCAL REG. 5/14/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR ADDRESS Henry W. Jenkins & Sons Co., Inc. 4905 York Rd., Baltimore 12, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

30

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Peters

4. DATE OF DEATH (Month) 5 (Day) 28 (Year) 1952

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 6/20/79?

9. AGE last birthday 73? yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME George Peters

14. MOTHER'S MAIDEN NAME Norma Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease — Known to us since 4/3/52

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — "

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis — Known to us since 4/3/52

19a. DATE OF OPERATION — — — —

19b. MAJOR FINDINGS OF OPERATION — — — — — — —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — (CITY OR TOWN) — — — — (COUNTY) (STATE) — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? — — — — —

22. I hereby certify that I attended the deceased from 4/3/, 1952, to 5/28/, 1952 that I last saw the deceased alive on 5/28, 1952, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Crownsville, Maryland DATE SIGNED 5/28/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF 5-31-1952 NAME OF CEMETERY OR CREMATORY [illegible] Chapel LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. 5/30/52 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR [illegible] ADDRESS 108 W. Wash. [illegible]

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 331

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 1 mo 29 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 306 No. Linden Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) PETTY

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 8, 1907
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George V. KUPFER
14. MOTHER'S MAIDEN NAME: Nellie O'NEILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: - - -
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) MALIGNANT NEOPLASM OF OVARY, RIGHT (N175) — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

175X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. - - -

19a. DATE OF OPERATION: 6 Sep 1951
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, metastatic of lymphnode & tubo-ovarian ligaments
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - -
(CITY OR TOWN) (COUNTY) (STATE) - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from 16 May, 1952, to 16 May, 1952, that I last saw the deceased alive on 16 May, 1952, and that death occurred at 10:36 p.m., from the causes and on the date stated above.

SIGNATURE W. I. Neikirk (DEGREE OR TITLE) ADDRESS DATE SIGNED
W. I. NEIKIRK, LCDR MC USN U. S. NAVAL HOSPITAL, ANNAPOLIS, MD 5-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-19-52
NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery
LOCATION (City, town, or county) (State) Glen Burnie, Maryland
DATE REC'D BY LOCAL REG. May 19, 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A18 8-51

RECEIVED
MAY 20
U.S.

M

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Colonial Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 15 Colonial Ave

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) B. (Last) Rawlings

4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Aug 13 1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Curray
14. MOTHER'S MAIDEN NAME Emma Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Geo W. Rawlings Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis [illegible] — Several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1951, to May 9, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE George C. Basil M. D. (Degree or title) ADDRESS Annapolis Md DATE SIGNED 5-11-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5-12-52 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. May 12, 1952 REGISTRAR'S SIGNATURE [illegible] V. French
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

RECEIVED
MAY 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 33

CERTIFICATE OF DEATH

Reg. Dist. No.

A.A.Co

1. NAME OF DECEASED (Type or Print): Emma V. Razack

2. DATE OF DEATH: May 15, 1952

3. PLACE OF DEATH: A. ~~Baltimore City~~, Maryland A.A.Co. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magothy Beach

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: A.A.Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Magothy Beach
D. STREET ADDRESS (If rural, give location): none

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 24, 1878

9. AGE (In years last birthday): 74 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Link

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT: Emerald F. Schleicher, ADDRESS: Magothy Beach

CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

X ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vas. Disease

DUE TO

(C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. *I hereby certify that I attended the deceased from* November, 1949, *to* May 9, 1952 *that I last saw the deceased alive on* May 9, 1952 *and that death occurred at* 8:15 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles B. MacDonald M. D.

23B. ADDRESS: Glen Burnie, Md.

23C. DATE SIGNED: 5-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/17/1952

24C. NAME OF CEMETERY OR CREMATORY: Moreland MemorialPark

24D. LOCATION (City, town, or county) (State): Balto. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 5/16/52

REGISTRAR'S SIGNATURE: H.W. Hedrick

25. FUNERAL DIRECTOR: Flynn & Fleming ADDRESS: 1426 Light St

VS. 150

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINFADING INK. Every item of information should be carefully supplied. I correct age is especially physicians: please write the causes of death clearly and legibly.

VS. A15

4934

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 1238 Bay Ridge Ave

3. NAME OF DECEASED (Type or Print) (First) Stanley (Middle) (Last) Rochinich

4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ? Divorced
8. DATE OF BIRTH ? 1889
9. AGE last birthday ? 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY 205-03-8727 ~~Unknown~~
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — Unknown
14. MOTHER'S MAIDEN NAME — Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Stomach with	
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) metastasis	1± year
	(c) Anthracosis	10-20 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ? , 1950, to 5/31, 1952 that I last saw the deceased alive on 5/31, 1952, and that death occurred at 6.20 P m., from the causes and on the date stated above.

SIGNATURE Frank M Shipley (Degree or title) M.D. ADDRESS 63 College Ave Annapolis DATE SIGNED 5/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-6-52
NAME OF CEMETERY OR CREMATORY St Mary's Cemetery
LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. May 5, 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B L Hopping & Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAY 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural (Laurel)
LENGTH OF STAY (in this place) 19 10m 14d
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 623 Park Rd.

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) (Last) Rock
4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 19 52

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7-15-18
9. AGE last birthday: 33 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph — Rock
14. MOTHER'S MAIDEN NAME: Sadie —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: D.T.S. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac decompensation — 10 hours

4 d.d.2 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis — 5 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency - imbecile — life

19a. DATE OF OPERATION: 1-31-52
19b. MAJOR FINDINGS OF OPERATION: Strangulated hernia (left) & left undescended testicle.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 43, 19 46, to May 29, 19 52, that I last saw the deceased alive on May 28, 19 52, and that death occurred at 945 A. m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): U. Alston M.D.
ADDRESS: Laurel Md
DATE SIGNED: 5/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 31, 1952
NAME OF CEMETERY OR CREMATORY: Congressional Cemetery
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: May 29-52
REGISTRAR'S SIGNATURE: Clara M Castleman
24. FUNERAL DIRECTOR AND ADDRESS: Hartman & Talley 254 CARROLL ST N.W. TAKOMA PARK 12, D.C.

RECEIVED
JUN 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) (Day) (Year): May-14 1952

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): [illegible]

8. DATE OF BIRTH: 1/24/83

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): [illegible] (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: May 17 1952

NAME OF CEMETERY OR CREMATORY: CEDAR HILL CEM

LOCATION (City, town, or county) (State): ANNE ARUNDEL CO., MD

DATE RECD BY LOCAL REG.: 5/16/52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: GEORGE J. GONCE

ADDRESS: 4001 RITCHIE HWY BALTO. 25, MD.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 370

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Serrin

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: about 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith
11. BIRTHPLACE (State or foreign country): Georgetown Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mathilda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Laurence Higgins 4209 41st N.W. Wash.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Heart Failure - Senility — INTERVAL BETWEEN ONSET AND DEATH: 1 day

527.2

Antecedent cause(s) DUE TO (b) Virus infection of respiratory and — 2 days

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) intestinal tract.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1952, to May 25, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE R. S. John (DEGREE OR TITLE) Md. ADDRESS Shadyside Md. DATE SIGNED 5/26/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF May 28-52 NAME OF CEMETERY OR ~~CREMATORY~~ Prospect Hill LOCATION (City, town, or county) Wash D.C. (State)

DATE REC'D BY LOCAL REG. 5/27/52 REGISTRAR'S SIGNATURE W. R. Clayton

24. FUNERAL DIRECTOR F. A. Stardist & Son ADDRESS Galesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 29 1952
BUREAU V. S.

938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Shadyside A.A.C. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shadyside
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shadyside A.A.Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.C.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shadyside, Md
STREET ADDRESS (If rural give location) Shadyside

3. NAME OF DECEASED (Type or Print) (First) Noah (Middle) Smith (Last) Slaughter

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1875
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Orange Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT George B. Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	2 hrs
177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate Gland 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2/52, 19....., to 5/24/52, 19....., that I last saw the deceased alive on 5/24/52, 19....., and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE Theodore H. Johnson (Degree or title) M.D. ADDRESS 40 Northwest Street Annapolis, Md DATE SIGNED 5/25/52

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. May 25, 1952
REGISTRAR'S SIGNATURE J. B. Dent.

24. FUNERAL DIRECTOR George B. Clark ADDRESS 1416 Florida Ave. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 29 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pumphrey
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 Elizabeth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pumphrey
STREET ADDRESS (If rural, give location) 111 Elizabeth Avenue

3. NAME OF DECEASED (Type or Print) (First) Archibald (Middle) (Last) Snowden

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1952

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH July 10, 1891

9. AGE last birthday 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unk.

14. MOTHER'S MAIDEN NAME unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Grace Carter 111 Elizabeth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease, unknown

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to 28 May, 1952, that I last saw the deceased alive on 28 May, 1952, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Renold Blighston, M.D. ADDRESS 501 Cherry Hill Rd. DATE SIGNED Balto 25 Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 31, 1952 NAME OF CEMETERY OR CREMATORY Mt Zion Cem LOCATION (City, town, or county) Lansdowne (State) Md

DATE REC'D BY LOCAL REG. May 31st 1952 REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 322 N. Schroeder St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

M

VS. A-15

04940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 87 Charles street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md.
STREET ADDRESS (If rural, give location) 87 Charles street

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) L. (Last) Southall
4. DATE OF DEATH (Month) May (Day) 10, (Year) 1952

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-25-1900
9. AGE last birthday 51 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spotter
10b. KIND OF BUSINESS OR INDUSTRY Arundel Laundry
11. BIRTHPLACE (State or foreign country) Murfresboro, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Anthony Southall
14. MOTHER'S MAIDEN NAME Annie May Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ethel Reid Southall, 87 Charles st.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) Bronchogenic Cancer of Lung — INTERVAL BETWEEN ONSET AND DEATH: Several

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with Metastasis to liver — Months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 1952, to 5-10, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 6 15 P m., from the causes and on the date stated above.

SIGNATURE Oliver Purvis (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 5-12-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-14-1952
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. 5/13/52
REGISTRAR'S SIGNATURE D.W. Redmond Jr.
24. FUNERAL DIRECTOR Wm. Reese # 108 W. Washington st ADDRESS Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

101841

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brownsville
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Waterbury Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A. A
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
   STREET ADDRESS (If rural, give location): Chesterfield

3. NAME OF DECEASED (Type or Print): (First) HERMAN (Middle) B. (Last) STEVENS SR.

4. DATE OF DEATH: (Month) MAY (Day) 29 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: JUNE 4, 1902

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY: MARYLAND DRYDOCK

11. BIRTHPLACE (State or foreign country): CHESTERFIELD Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: R. LUTHER STEVENS

14. MOTHER'S MAIDEN NAME: Mamie Norfolk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service): No

16. SOCIAL SECURITY NO.: 518-26-2643

17. INFORMANT AND ADDRESS: MRS. PAUL R. STEVENS, 4707 KERNWOOD AVE BALTIMORE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
   PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
   (CITY OR TOWN) (COUNTY) (STATE)
   TIME (Month) (Day) (Year) (Hour) OF INJURY m.
   INJURY OCCURRED While at work ☐ Not while at work ☐
   HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Claffy M.D. Deputy Medical Examiner Annapolis Md 5/29/52

23. BURIAL, CREMATION REMOVAL (Specify) ☒ BURIAL — DATE THEREOF: JUNE 7, 1952 — NAME OF CEMETERY OR CREMATORY: BALDWIN MEMORIAL — LOCATION (City, town, or county) (State): SEVERN CROSS ROADS MILLERSVILLE, MD

DATE REC'D BY LOCAL REG. 5/31/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: J. S. Singleton Glen Burnie, Md.

RECEIVED
JUN 2
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0 42

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade — LENGTH OF STAY (in this place) 3 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tioga
HOSPITAL OR INSTITUTION OR STREET ADDRESS United States Army Hospital	STREET ADDRESS RFD (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) PATRICIA	(Middle) DARYLENE	(Last) SUMMERS	4. DATE OF DEATH	(Month) MAY	(Day) 13	(Year) 1952
5. SEX Female	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH MAY 13, 1952	9. AGE last birthday ✓ yrs.	If under 1 year Months	Days	If under 24 hrs. Hours 7 Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Harry Glenn Summers		14. MOTHER'S MAIDEN NAME Eloise Hilda Cunningham					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Sgt Harry G. Summers (Father) 22 E. Preston St, Balto, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (28 wks gestation) — 7 hrs.

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 13 May, 1952, to 13 May, 1952, that I last saw the deceased alive on 13 May, 1952, and that death occurred at 3:28 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Mary E. Steinheimer, Capt., N.C.		U.S. Army Hospital, Ft. Meade, Md.	13 May 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY Post Cemetery	LOCATION (City, town, or county) (State) Ft Geo G. Meade, Md
DATE REC'D BY LOCAL REG. 14 May 52	REGISTRAR'S SIGNATURE Arthur J. Milton, Capt., MSC	24. FUNERAL DIRECTOR J. G. BURKHALTER, Chaplain (Capt USA)	ADDRESS

-2

RECEIVED
MAY. 15 1952
BUREAU W. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04943

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 Northwest st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis.
STREET ADDRESS (If rural, give location) 113, Northwest street

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Wade.

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1952

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH May 1, 1888

9. AGE last birthday 64 yrs. If under 1 year Months Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker

10b. KIND OF BUSINESS OR INDUSTRY Maid

11. BIRTHPLACE (State or foreign country) Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? Usa.

13. FATHER'S NAME Alex Wade

14. MOTHER'S MAIDEN NAME Alice Howard.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Mary E. Hernaon 113. Northwest st.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cardiac Failure	1 day.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertensive Cardio Vascular Disease	2 yrs
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1952, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 12:10 P m., from the causes and on the date stated above.

SIGNATURE Theodore H. Johnson (Degree or title) M. D. ADDRESS 40 Northwest Street Annapolis, Md DATE SIGNED 5/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF June 1, 1952 NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REG. 6/30/52 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR [illegible] ADDRESS Annapolis. Maryland

10-20

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie

LENGTH OF STAY (in this place) 21 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS #12 4th. Ave., S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie

STREET ADDRESS (If rural, give location) #12 4th. Ave., S.W.

3. NAME OF DECEASED: (Type or Print) (First) Weldon (Middle) Warren (Last) Ward, Sr.

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/4/1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sail Maker

10b. KIND OF BUSINESS OR INDUSTRY: L.S.C.G.Yd.Curtis

11. BIRTHPLACE (State or foreign country): Bay Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Ward

14. MOTHER'S MAIDEN NAME: Mary Anna Colburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓Yes (If Yes, give war or dates of service) W.W.1

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Weldon W. Ward, Jr., Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Tumor. — INTERVAL BETWEEN ONSET AND DEATH: 1 year

237X

DUE TO —

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO —

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1951

19b. MAJOR FINDINGS OF OPERATION: Cerebral Tumor - Inoperable.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No M.

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to May 29, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE James S. Bellingher (DEGREE OR TITLE) M.D. ADDRESS 108 Central Ave. Glen Burnie Md DATE SIGNED May 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 2, 1952

NAME OF CEMETERY OR CREMATORY Glen Haven

LOCATION (City, town, or county) (State) Glen Burnie, Maryland

DATE REC'D BY LOCAL REG. 5/31/52

REGISTRAR'S SIGNATURE L. J. DeAlba

24. FUNERAL DIRECTOR ADDRESS Richard V. Singleton, Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 2 1952
BUREAU V. S.

6 945

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8½ Market Space

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural, give location) 523 Sixth St

3. NAME OF DECEASED (Type or Print) (First) EDGAR (Middle) H. (Last) WELSH
4. DATE OF DEATH (Month) May (Day) 31 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH Sept 23-1985
9. AGE last birthday 66 yrs. If under 1 year: Months Days; If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY Cement finisher
11. BIRTHPLACE (State or foreign country) Eastport Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Lyturkish Welsh
14. MOTHER'S MAIDEN NAME Annie Hawkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Rose R Taylor Eastport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Alcoholism

322.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) [redacted] INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection _, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes _, accident _, suicide X, homicide _, undetermined _.*

SIGNATURE John M. Cleffy M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md DATE SIGNED 5/31/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF 6-3-52 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. June 2, 1952 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 4 1952
BUREAU V. S.

Item 9 Film G143 6/3/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04046

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis,
STREET ADDRESS (If rural, give location) 81 Conduit St.

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) S (Last) WESTBROOK

4. DATE OF DEATH: (Month) (Day) (Year) May 23, 1952 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 70-80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Paper Hanger
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): London England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward S. Westbrook
14. MOTHER'S MAIDEN NAME: Elizabeth B. Upton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Family Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Encephalomalacia	3-27-52
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	arteriosclerosis	5-23-52
	DUE TO		
	(c)		

332X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Tumor of Prostate, bilat. hernia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27, 1952, to 5-23, 1952, that I last saw the deceased alive on 5-23, 1952 and that death occurred at 5-30 A.m., from the causes and on the date stated above.

SIGNATURE Edith Roeller, (DEGREE OR TITLE) M.D. ADDRESS 45 Franklin St. Annapolis Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL
DATE THEREOF 5-26-52
NAME OF CEMETERY OR CREMATORY To
LOCATION (City, town, or county) (State) Albany, New York

DATE REC'D BY LOCAL REG. May 26, 1952
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Maryland

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 28
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'47

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1001 Smithville St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Maryland
STREET ADDRESS (If rural, give location) 1001 Smithville St.

3. NAME OF DECEASED (Type or Print): (First) Rosie (Middle) (Last) Weston

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5/21/1890

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Southriver, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry Clay Galloway

14. MOTHER'S MAIDEN NAME: Rebecca Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Willaim Weston 1001 Smithville St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Hypertensive Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20-52, 19..., to 5-28-52, 19..., that I last saw the deceased alive on 5-27-52, 19..., and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE W. T. Allen (Degree or title) M D ADDRESS 10 Carroll DATE SIGNED 5-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/1/1952 | NAME OF CEMETERY OR CREMATORY: Hopes Chapel | LOCATION (City, town, or county) (State): Anne Arundel Co. Md.

DATE REC'D BY LOCAL REG. 5/29/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Wm. Reese 108 W. Wash. St. Annap. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

48

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Laurel; LENGTH OF STAY (in this place) 36 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 716 19th St. N.E.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) May (Last) Williams

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 13 1916

9. AGE last birthday: 15 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Howard Williams

14. MOTHER'S MAIDEN NAME: Janie Lue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: D.T.S. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Status epilepticus — 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy — 14 years

(c) Meningo-encephalitis — 14 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency - idiot, post-infectious — 14 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 28, 1952, to May 4, 1952, that I last saw the deceased alive on May 4, 1952, and that death occurred at 10 25 a.m., from the causes and on the date stated above.

SIGNATURE: J. A. Alston (Degree or title) M.D. ADDRESS: District Training School Laurel Md. DATE SIGNED: 5-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: May 6-52 — NAME OF CEMETERY OR CREMATORY: Paynes Cemetery — LOCATION (City, town, or county) (State): 30 2 miles East DC

DATE REC'D BY LOCAL REG.: May 5-52 — REGISTRAR'S SIGNATURE: Clara M Eastep

24. FUNERAL DIRECTOR: Stewart Funeral Home — ADDRESS

RECEIVED
JUN 5. 1952
BUREAU V. S.

01949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N.Linthicum
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Hampton Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 118 S.Schroeder St.

3. NAME OF DECEASED (Type or Print) (First) Sheri (Middle) Lee (Last) Williamson

4. DATE OF DEATH (Month) May (Day) 3 (Year) 1952 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10/9/52 51
9. AGE last birthday yrs. If under 1 year Months 6 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wilbert Lee Seawell
14. MOTHER'S MAIDEN NAME Mary Fay Williamson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Mary Fay Williamson (Mother).

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

924.0

Immediate cause (a) Strangulation — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) N.Linthicum, A.A Co. (COUNTY) (STATE) Maryland.
TIME OF INJURY (Month) (Day) (Year) (Hour) 5/3/52 5.50 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Baby was caught at the foot of the bed.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Parker, M.D. (Degree or title) Assistant Medical Examiner. ADDRESS Glen Burnie, Md. DATE SIGNED 5/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/6/52
NAME OF CEMETERY OR CREMATORY Meadowridge
LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REG. 5/5/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Charles F. Dell ADDRESS 1501 Fort ave

2 10 / 22 14 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis R.F.D.
STREET ADDRESS (If rural, give location) General Hugh Way

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) (Last) Wilsman
4. DATE OF DEATH (Month) 5 (Day) 21 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH May 19th 1865
9. AGE last birthday 87 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wet Farmer
10b. KIND OF BUSINESS OR INDUSTRY Truck Farmer
11. BIRTHPLACE (State or foreign country) Mt Hope Ohio
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME James Wilsman
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Chas S. Hulsman – Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sub-arachnoid hemorrhage — Interval between onset and death: 36 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral thrombosis

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Annapolis (COUNTY) A. A. (STATE) Maryland
TIME OF INJURY (Month) April (Day) 15, (Year) 1952 (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell down stairs

22. I hereby certify that I attended the deceased from April 15, 1952 to May 21, 1952 that I last saw the deceased alive on May 20, 1952 and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jesse L. Wilkins M.D. ADDRESS 232 Prince Geo. St. Annapolis Md. DATE SIGNED May 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 5-23-52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Sidney (State) Ohio.

DATE REC'D BY LOCAL REG. May 23, 1952
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1952
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04951

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Chinquapin Round Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis

STREET ADDRESS (If rural, give location) Chinquapin Round Road

3. NAME OF DECEASED: (Type or Print) (First) FIN (Middle) LUTHER (Last) WINZENRITH

4. DATE OF DEATH: (Month) May (Day) 30, (Year) 1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 20, 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Academy

11. BIRTHPLACE (State or foreign country): Princeton, West Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 232-12-5487

17. INFORMANT & ADDRESS: Mrs. Martha Ann Winzenrith same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

904.6

DUE TO

Antecedent cause(s) (b) Fractured ribs (11th + 12th)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Lower left anterior

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) 1/28/52

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U.S. N.H. Cadaver (CITY OR TOWN) Annapolis (COUNTY) — (STATE) Md

TIME OF INJURY (Month) 1 (Day) 28 (Year) 52 (Hour) 3 A.M.

INJURY OCCURRED While at work ☑ Not while at work ☐

HOW DID INJURY OCCUR? Fall & Hit Chest

22. I hereby certify that I attended the deceased from 1/28/52, 19....., to 5/30/52, 19....., that I last saw the deceased alive on 5/30/52, 19....., and that death occurred at 4:40 a.m., from the causes and on the date stated above.

SIGNATURE Albert L. Anderson (DEGREE OR TITLE) MD ADDRESS Annapolis, Md DATE SIGNED 5/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6-2-52

NAME OF CEMETERY OR CREMATORY Wells View Cemetery

LOCATION (City, town, or county) Weems Creek, Annapolis, Md. (State)

DATE REC'D BY LOCAL REG. June 2, 1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR BL. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 4 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04952

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover
LENGTH OF STAY (in this place) 2 year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LUIA - (Middle) ETHEL (Last) WOLFE
4. DATE OF DEATH (Month) May - (Day) 16 - (Year) 1952 19

5. SEX Female.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify) married
8. DATE OF BIRTH 4/29/15
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Jordan Mines, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Randolph Tucker.
14. MOTHER'S MAIDEN NAME Mellie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Mr. Charles Wolfe (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage - due	
976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture skull - caused	
	(c) by self inflicted wound.	Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Hanover - (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) 5/16/52 (Day) (Year) 8 45 A.m. (Hour)
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot herself with - 12 gage Shot Gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Pucher M.D. (Degree or title) Assistant Deputy Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 5/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 18, 1952
NAME OF CEMETERY OR CREMATORY Lone Star
LOCATION (City, town, or county) Jordan Mines (State) Virginia

DATE REC'D BY LOCAL REG. 5/16/52
REGISTRAR'S SIGNATURE L. J. DeAlba
24. FUNERAL DIRECTOR Thomas W. Singleton, ADDRESS Glen Burnie, Md.

L. J. DeAlba

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 19 1952
BUREAU V. S.